

# U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 14 1960 333

-60-025474  
STATE FILE NUMBER

Registration District No. 3074 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Scott</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Length of stay in 1b		c. CITY OR TOWN <b>SIKESTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>814 LAKE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>ABERNATHY</b> Last <b>ABERNATHY</b>				4. DATE OF DEATH Month <b>7</b> Day <b>6</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-26-1899</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHOE PLANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INTERN. SHOE CO</b>		11. BIRTHPLACE (City and state or country) <b>MOALEY MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>PERCIVAL ABERNATHY</b>		13b. MOTHER'S MAIDEN NAME <b>ELLA SETTLES</b>		14. NAME OF HUSBAND OR WIFE <b>ELLA DARRELL ABERNATHY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-05-0430</b>		17. INFORMANT Address <b>Mrs Ella N. Abernathy - Sikeston Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Aspiration Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CARCINOMA Metastatic to Neck</b> DUE TO (c) <b>PT Radical Neck Dissection 3 Mo Ago</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>6 Mo.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>PT Radical Neck Dissection 3 Mo Ago</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>April 1960</b> to <b>July 1960</b> and last saw him alive on <b>July 5, 1960</b> Death occurred at <b>3:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Mrs. E. N. Abernathy MD</b>				22b. ADDRESS <b>Sikeston, Mo.</b>		22c. DATE SIGNED <b>7-7-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-8-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City, Dexter</b>		23d. LOCATION (City, town, or county) (State) <b>SIKESTON MO</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Welsh Funeral Home - Sikeston Mo</b>		25. DATE RECD. BY LOCAL REG. <b>7-7-60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. E. N. Abernathy</b>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 20 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address Sekeston 8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.